

DEC 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40428

1. PLACE OF DEATH

County Jackson
Township Kear
City ICE

Registration District No. 399
Primary Registration District No. 1022
(No. Research Hospital)

File No. _____
Registered No. 40428
St. _____ Ward _____

2. FULL NAME

Joseph Nachbar
(a) Residence, No. 2635 Bollevier St. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Nachbar
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 14 - 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min. 71 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Maria Schwaibengrubber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Anita Reichenauer

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Nov 26 1937

19. UNDERTAKER John A. Muesel

20. FILED Nov 27 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1937 to Nov 20 1937
I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 645 P. M.
The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Tuber Pneumonia
Date of onset _____

Other contributory causes of importance:

Infection
Pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Dr. John A. Muesel, M. D.
(Address) 148 & Bryant St. St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X 3314

St. Michael's 1000 N.Y.

11. 20. 1900

